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TOWN OF PITTSFORD

APPLICATION FOR CABLE TV MESSAGE

REQUIRED INFORMATION – Without this information your application cannot be considered.

Requested Dates for Message From: _____ To: _____

Organization Name: _____

Mailing Address: _____ Town: _____ Zip: _____

Name of Contact Person: _____ Phone: _____

e-mail address: _____

The BEST way to contact me is by ☐ e-mail ☐ phone

INFORMATION TO BE CABLECAST

Please fill out the section below as completely as possible. The more accurately you enter the information, the better the message we will be able to cablecast. You may attach flyers or other papers to this form but you **must** fill out the section below as well.

Organization: _____

Event Name: _____

Event Dates: From: _____ To: _____ Event Time From: _____ To: _____

Event Description
Be specific

The Location: _____

(The contact information entered here will be shown on air – Please leave blank if no contact information is to be cablecast)

Contact Name: _____ Contact Phone: _____

e-mail address: _____

HOW TO SUBMIT THIS APPLICATION

1. **Online – Email Form**
2. **Fax to:** (585) 248-6247 Attn: SO
3. **Print and mail to:** Shelley O'Brien
   Director of Information
   11 S. Main Street
   Pittsford, NY 14534
   (585)-248-6229

Office Use	
Date **ON** air	by
Date **OFF** air	by
Date Rejected	by